



Fermilab

BD/Cryogenic Department

REQUEST FOR ABSENCE FROM THE LABORATORY

NAME: _____ **DATE:** _____

DEPARTMENT: _____

Type of Leave: _____

(Floating Holiday, Jury Duty, Laboratory Business, Leave of absence,
Leave without pay, Military Leave, Vacation)

DATE(S): _____

TOTAL DAY(S): _____

Person in charge during your absence if needed: _____

EMPLOYEE: _____

SUPERVISOR OR DEPT. HEAD: _____ **DATE:** _____